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Attorney Docket No. : HYLEE59.001APC

Applicant(s) : Park, et al.

For : ORGANIC/POLYMER ELECTROLUMINESCENT
DEVICES EMPLOYING SINGLE-ION
CONDUCTORS

Attorney : Joseph J. Mallon

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Date of Deposit : November 27, 2001

I hereby certify that the accompanying

Transmittal Letter; 2 sheets of drawings and 15 pages of Specification including claims and Abstract; Signed Declaration and Power of Attorney in 2 pages; Information Disclosure Statement; PTO Form 1449 with 7 references; Recordation Form Cover Sheet and Assignment in 3 pages; Check(s) for \$580.00 to cover Filing Fee(s); A check for \$40.00 to cover Recordation fee; Return Prepaid Postcard

are being deposited with the United States Postal Service "Express Mail Post Office To Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to the United States Patent and Trademark Office, P.O. Box 2327, Arlington, VA 22202.


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ATTENTION: BOX PATENT APPLICATION

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): **O-Ok Park and Tae-Woo Lee**

For: **ORGANIC/POLYMER ELECTROLUMINESCENT DEVICES EMPLOYING SINGLE-ION CONDUCTORS**

Enclosed are:

(X) 2 sheet(s) of drawing and 15 pages of Specification, including 5 pages of Claims and 1 page Abstract.

(X) This application is a continuation under 35 U.S.C. §365(c) claiming the benefit of the filing date of PCT Application No. PCT/KR01/00535 designating the United States, filed 30 March 2001 and published in English as WO 01/78464 A1 on 18 October 2001, and which claims the benefit of the earlier filing date of Korean Patent Application No. 2000/16456, filed 30 March 2000. The publication WO 01/78464 A1 is incorporated herein by reference.

(X) Recordation form cover sheet with 2-page assignment.

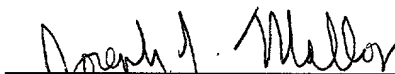
(X) Signed Declaration and Power of Attorney by inventor(s).

(X) An Information Disclosure Statement.

The present application qualifies for small entity status under 37 C.F.R. § 1.27 and such status is hereby requested. The fees are calculated below:

CLAIMS AS FILED				
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee			\$370	\$370
Total Claims	19 - 20 =	×	\$9	\$
Independent Claims	8 - 3 =	5 ×	\$42	\$210
If application contains any multiple dependent claims(s), then add			\$140	\$
TOTAL FILING FEE		\$580.00		

- (X) PTO Form 1449 with 7 references is enclosed.
- (X) Return prepaid postcard.
- (X) A check in the amount of \$580.00 to cover the filing fee is enclosed.
- (X) A check in the amount of \$40.00 to cover the assignment recording fee is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees, which may be required, now or in the future, or credit any overpayment to Account No. 11-1410.
- (X) Please use Customer No. **20,995** for the correspondence address.



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